


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METHOD OF MONITORING INTRODUCTION ON INTERFACIAL SPECIES		
Application Type : regular, utility			
Attorney Docket Number : FIS920030203			
Correspondence address:			
Customer Number:		30449	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Lance		
<b>Family Name:</b>	Genicola		
<b>Residence:</b>			
<b>City of Residence:</b>	Whitehall		
<b>State of Residence:</b>	PA		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	1064 Third Street		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Whitehall		
<b>State of Mailing Address:</b>	PA		
<b>Postal Code of Mailing Address:</b>	18052		
<b>Country of Mailing Address:</b>	US		
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<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Mark		
<b>Middle Name:</b>	J.		
<b>Family Name:</b>	Hurley		

**Residence:**

**City of Residence:** Poughkeepsie  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 12 Regency Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Poughkeepsie  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12603  
**Country of Mailing Address:** US  
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**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Jeremy  
**Middle Name:** J.  
**Family Name:** Kempisty  
**Residence:**  
**City of Residence:** Beacon  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 19 D Van Cortland Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Beacon  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12508  
**Country of Mailing Address:** US  
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**Inventor 4:**

**Applicant Authority Type:** Inventor  
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**Country of Residence:** US  
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**City of Mailing Address:** Fishkill  
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**Country of Mailing Address:** US  
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Inventor 5:

**Applicant Authority Type:** Inventor  
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**State of Residence:** NY  
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Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** IN  
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**Family Name:** Hedge  
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**City of Residence:** Hollowville  
**State of Residence:** NY  
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**City of Mailing Address:** Hollowville  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12530  
**Country of Mailing Address:** US  
**Phone:**  
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**Attorney Information:**

practitioner(s) at Customer Number:

30449



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation  
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**Assignee 2:**

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